

911 KAR 2:100. Kentucky Early Intervention Program definitions.

RELATES TO: 20 USC 1471-1485

STATUTORY AUTHORITY: KRS 194A.050, 200.650-676

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health Services is directed by KRS 200.650 to 200.676 to administer all funds appropriated to implement provisions, to enter into contracts with service providers, and to promulgate administrative regulations. This administrative regulation sets forth definitions of terms used by the cabinet in administrative regulation pertaining to First Steps, Kentucky's Early Intervention Program.

Section 1. Definitions.

- (1) **"Assessment"** means activities completed to develop a service plan for an eligible child and his family;
- (2) **"Assistive technology device"** means any item, piece of equipment, or product system that is needed to increase, maintain, or improve the functional capabilities of a child with a disability and which is necessary to implement the individualized family service plan;
- (3) **"Child find"** means as defined in KRS 200.654(3);
- (4) **"Developmental quotient"** or **"DQ"** means a specific designation described in and determined using the examiners manual of a norm referenced test. It is not an extrapolated score based on a screening test;
- (5) **"Direct supervision"** means the continuous, on-site observation and guidance as activities are implemented with children and families;
- (6) **"Disciplines"** means those professionals recognized by First Steps to practice in early intervention services;
- (7) **"District Early Intervention Committee"** or **"DEIC"** means as defined in KRS 200.654(6);
- (8) **"District technical assistance team"** means a professional and a parent of a child with a disability combined staffing unit for the purpose of providing technical assistance, training, and support to families and providers in the local community;
- (9) **"Early intervention services"** means as defined in KRS 200.654(7);
- (10) **"Early intervention team"** means two (2) or more disciplines providing services to a child and family which employ any one (1) of the team models that include a multidisciplinary team;
- (11) **"Evaluation"** means the use of standardized norm-referenced procedures to determine eligibility for First Steps services;
- (12) **"Family centered"** means the recognition that the family is the constant in a child's life and that services and personnel must support, respect, encourage, and enhance the strength and competence of the family;
- (13) **"Family directed"** means the recognition that a family has choices and that services are provided in accordance with the family's priorities, concerns, and values;
- (14) **"First Steps"** means Kentucky's early intervention system as defined in KRS 200.654;
- (15) **"Interdisciplinary team"** means professionals working together cooperatively in both planning and delivering services to the eligible child. Emphasis is upon teamwork and interaction among team members who help and rely upon each other to provide well coordinated services, although each discipline ultimately delivers the services in its own domain.

- (16) **"Image Consistency Kit"** means the guidelines developed by the Interagency Coordinating Council Public Awareness committee for the purpose of ensuring that any use of the First Steps logo and other public awareness materials shall be consistent and in conformity with exact specifications set forth by the committee;
- (17) **"Indirect supervision"** means the regular, periodic, on-site observation and guidance as activities are implemented with children and families;
- (18) **"Individualized family services plan"** or **"IFSP"** means as defined in KRS 200.654(9);
- (19) **"Kentucky High Risk Hearing Registry"** means as defined in KRS 213.046;
- (20) **"Mentorship"** means a limited period of one (1) year of indirect supervision;
- (21) **"Multidisciplinary team"** means as defined in KRS 200.654(11);
- (22) **"Natural environments"** means settings, such as the home and the community, in which the child's age peers who have no disability normally participate;
- (23) **"Period of eligibility"** means the time from referral to First Steps to termination of services due to:
 - (a) Failure to meet initial program eligibility requirements;
 - (b) Attainment of age three (3);
 - (c) Documented refusal of service by parent or legal guardian inclusive of disappearance;
 - (d) Change of residence out of state;
- (24) **"Point of entry"** or **"POE"** means as defined in KRS 200.654(12);
- (25) **"Prematurity"** shall mean a gestational age, at birth, of less than thirty-seven (37) weeks;
- (26) **"Primary referral source"** means those in the community who have the greatest opportunity, by virtue of their work, their relationship to children of this age, or their special knowledge, to refer a child to First Steps;
- (27) **"Primary service coordinator"** or **"PSC"** means the person responsible for coordination of services after the POE initial service coordinator has completed his responsibilities for IFSP development;
- (28) **"Provider action"** means actions or decisions by the First Steps staff, and actions or decisions made by service providers relating to the identification, evaluation, placement of the child or the provisions of appropriate early intervention services.
- (29) **"Qualified service provider"** means as defined in KRS 200.654(13);
- (30) **"Teratogen"** means an agent causing fetal malformations.
- (31) **"Transdisciplinary team"** means professionals from various disciplines working together cooperatively by educating one another in the skills and practices of their disciplines and a commitment to work together across traditional discipline boundaries being consistent with the training and expertise of the individual team members.
(23 Ky.R. 3127; Am. 3845; eff. 6-16-97; recodified from 908 KAR 2:100, 10-25-2001.)

911 KAR 2:110. Kentucky Early Intervention Program point of entry.

RELATES TO: 20 USC 1471-1485

STATUTORY AUTHORITY: KRS 194A.050, 200.650-676

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health Services is directed by KRS 200.650 to 200.676 to administer all funds appropriated to implement provisions, to enter into contracts with service providers, and to promulgate administrative regulations. This administrative regulation sets forth the point of entry provisions pertaining to First Steps, Kentucky's Early Intervention Program.

Section 1. Point of Entry.

- (1) The point of entry (POE) staff shall coordinate child-find efforts with local education agencies in order to insure compliance with child find mandates with each party.
- (2) The POE staff shall coordinate child find efforts with other state and federal programs serving this population, including maternal and child health programs, early and periodic screening, diagnosis, and treatment programs, Head Start, Supplemental Security Income Program, and programs authorized through the developmental disabilities assistance and Bill of Rights Act.
- (3) The POE staff shall develop a child-find activity plan to be conducted in each district that includes:
 - (a) Completing a minimum of two (2) face-to-face contacts per month to potential referral sources in the district to explain First Steps services.
 - (b) Utilizing the materials developed by the Interagency Coordinating Council Public Awareness Committee by making them available to the community upon request in cooperation with the district technical assistance team and the district early intervention committee (DEIC).
- (4) The POE staff shall maintain accessibility and provide public awareness activities in each district by:
 - (a) Having a district toll free telephone number;
 - (b) Having a dedicated local telephone number to be answered by person or machine twenty-four (24) hours a day, seven (7) days a week as First Steps; and
 - (c) Utilizing the Image Consistency Kit developed by the Interagency Coordinating Council Public Awareness Committee.
- (5) The POE staff shall maintain communication with the DEIC, district technical assistance team and lead agency on matters of child find, service options and other issues relevant to the First Steps Program, by completing the following activities:
 - (a) Presenting a report at each DEIC meeting that includes the following information:
 1. Number of referrals and referral sources since last DEIC meeting;
 2. List of current service provider including deletions and additions from last meeting;
 3. Report on identified gaps related to services and location; and
 4. A highlight of the month's activities that include the public awareness activities.
 - (b) Solicit advice from the DEIC, district technical assistance teams, and lead agency on child find, service options and other issues relevant to the First Steps Program.
- (6) The POE staff shall act on all referrals for First Steps services.

- (a) Upon receiving a telephone or written referral, POE staff shall:
 - 1. Determine if the family is aware that a referral is being made; and
 - 2. Do an initial screening to determine if the referral is appropriate based on:
 - a. Establishing that the child's age is between birth and three (3) years old;
 - b. Ensuring the family's residence is within the assigned district; and
 - c. Confirming that there is a developmental concern.
 - (b) If the initial screening finds the referral to be inappropriate, the POE shall give the referral source the appropriate resource to refer the child and family to the services that meet that child's needs. These resources include:
 - 1. Public schools;
 - 2. The Department for Community Based Services;
 - 3. Medical services; or
 - 4. Another POE.
 - (c) If it is determined that the referral is appropriate, POE staff shall contact the family by telephone or letter within five (5) working days for the purpose of:
 - 1. Briefly informing them of First Steps' services;
 - 2. Advising them that all services are voluntary; and
 - 3. Ascertaining whether the family would like more information and an initial visit scheduled.
 - (d) If a family is interested, the POE staff shall schedule a visit and send the family a letter to confirm the date, time and location of the visit.
 - (e) If a family is not interested, the family shall be informed by the POE staff that they can contact the POE at any time to reinstate the referral and the POE staff shall:
 - 1. Document in the child's record, the refusal of services; and
 - 2. Send a letter to the referral source explaining refusal of services by the family.
 - (f) If efforts to contact the family by telephone and in writing fail, in order to bring closure to the referral the POE staff shall send a follow-up letter within ten (10) working days of the referral encouraging the family to contact the POE at anytime to:
 - 1. Initiate services; or
 - 2. To ask further questions.
 - (g) Within fifteen (15) working days the POE staff shall send, in writing, an acknowledgment to the referral source that the referral was received and the status of the processing of the referral, if known at the time.
- (7) At the initial visit to the family, the POE staff shall:
- (a) Identify the purpose of the visit;
 - (b) Explain the First Steps services;
 - (c) Explain the family rights by giving the family the "Family Rights Handbook" and review the statement of assurances;
 - (d) Obtain signature of parent on statement of assurance;

- (e) Obtain release of information for medical or developmental information from parent;
 - (f) Determine willingness to participate in First Steps services or refusal of services;
 - (g) Interview family to help them determine priorities, resources and concerns;
 - (h) Complete developmental and social history form;
 - (i) Determine next action needed with family to determine eligibility of child;
 - (j) Discuss evaluation and service options that include:
 - 1. Convenience;
 - 2. Funding sources; and
 - 3. Family preference.
 - (k) Establish potential date for developing Individualized Family Service Plan (IFSP);
 - (l) Discuss options for a primary service coordinator; and
 - (m) Collect data necessary for billing.
- (8) All children referred to First Steps because of suspected developmental delay or established risk condition shall have the hearing checklist completed prior to the initial IFSP meeting.
- (9) The POE staff shall use the following to assist in the determination of hearing status:
- (a) If the referral is a birth to three (3) year old child who is "at risk" as indicated on the Kentucky High Risk Hearing Registry and the "at risk" indicator is the only reason they were referred to First Steps, and no audiological screen has been done, the child and family shall be notified to contact their pediatrician or a clinic for an audiological screen to determine hearing status.
 - (b) If the referral is a birth to three (3) year old child who is suspected of having a hearing problem, but not suspected of having any developmental problems, the family shall be notified to contact their pediatrician or a clinic for an audiological screen to determine hearing status.
 - (c) If the referral is a birth to three (3) year old child with a diagnosis of significant hearing loss, as specified by KRS 200.645(10), the child is considered to have an "established risk" diagnosis and the child shall be eligible for First Steps services and the referral process continues.
 - (d) If a birth to three (3) year old child who is suspected of having a hearing loss, with no verification of degree of loss or diagnosis, and suspected of having delays in developmental areas, POE staff shall initiate the evaluation for First Steps, which should include an audiological evaluation.
 - (e) If a birth to three (3) year old child is referred because of suspected developmental delay or established risk condition, but no apparent hearing problems, the POE shall complete the hearing checklist prior to IFSP meeting.
- (10) POE staff shall coordinate the evaluation process for eligibility determination within the federally mandated time line of forty-five (45) days from receipt of referral.
- (a) The POE staff shall gather existing documentation that will be used to determine eligibility; and
 - (b) Shall ensure that all releases are completed and on file.

- (11) The POE staff shall make appropriate referrals to secure needed evaluations of the child's medical and developmental status. Medicaid eligible children shall have the approval of their Medicaid primary care physician to assure reimbursement of services.
- (12) The POE staff shall ensure that referrals for needed assessments shall be completed and that those reports shall be made available for initial the IFSP.
 - (a) The POE staff shall make the appropriate referrals for needed assessments prior to initial IFSP.
 - (b) The POE staff shall request copies of completed assessment reports to be included in the child's record and used in the development of initial IFSP.
 - (c) The POE staff shall send all future assessment reports to the primary service coordinator.
- (13) The POE staff shall coordinate and ensure completion of the initial individualized family service plan (IFSP) meeting within federally mandated time line of forty-five (45) calendar days from receipt of referral.
 - (a) The POE staff shall assist the family in identifying the IFSP team members and discuss a potential primary service coordinator.
 - (b) Once a potential primary service coordinator has been suggested, the POE staff shall contact that person and confirm his willingness to function as the primary service coordinator.
 - (c) After releases of information signed by the parent have been obtained, the POE staff shall send copies of the following information to the requested primary service coordinator:
 - 1. Initial referral information;
 - 2. Developmental and social history;
 - 3. Any available evaluation reports; and
 - 4. Any available assessment reports.
 - (d) The POE staff shall send notices to all identified IFSP team members of the upcoming IFSP meeting date, time, and location.
 - (e) If a telephone is available, the POE staff shall call the family at least three (3) working days prior to the IFSP meeting to:
 - 1. Confirm the time and place of the meeting;
 - 2. Determine whether transportation is needed;
 - 3. To reiterate the purpose of meeting; and
 - 4. To answer questions.
 - (f) If the developmental and medical evaluators, family, and POE agree that the child is not eligible prior to the IFSP meeting, a meeting shall not be held unless any one (1) member disagrees or still has concerns, a meeting shall be held.
 - (g) The POE staff shall facilitate the initial IFSP meeting by:
 - 1. Leading introductions;
 - 2. Reviewing the purpose of the meeting;
 - 3. Explaining the family rights and the array of services; and
 - 4. Discussing and leading the IFSP team to verify eligibility based on collected documentation.

- a. If the child is not eligible, the POE staff shall discuss other options and make the family aware they can recontact the POE anytime.
 - b. If the child is eligible but the family is not interested in services, the POE staff shall document the refusal of services and make the family aware they can recontact the POE any time for reevaluation.
 - c. If the child is eligible and the family is interested in services the POE staff shall:
 - (i) Develop an IFSP ensuring that all IFSP components are included; and
 - (ii) Determine the primary service coordinator.
 - (h) The POE staff shall ensure that the written IFSP is developed and recorded at the meeting.
 - (i) The POE staff shall send the completed IFSP to the family within five (5) working days of the IFSP meeting;
 - (j) The POE staff shall within five (5) working days of the IFSP meeting, make available, through appropriate releases, to the primary service coordinator the following:
 - 1. The completed IFSP;
 - 2. Any evaluation reports not previously sent; and
 - 3. Any assessment reports not previously sent.
 - (k) The identified primary service coordinator shall send copies of the IFSP to other IFSP team members and to the parties requested by the family within ten (10) working days of the IFSP meeting.
 - (l) The POE staff shall send the necessary documentation of service decisions to the billing agent within five (5) working days after the IFSP meeting.
 - (m) The identified primary service coordinator shall be responsible for referrals to services identified on the IFSP.
- (14) The POE staff shall:
- (a) Provide consultation and support to the primary service coordinator as requested;
 - (b) Keep on file copies of all IFSP and reviews sent from the primary service coordinator;
 - (c) Assist primary service coordinators in transition of children from First Steps services to future services; and
 - (d) Track and notify the primary service coordinator that a transition conference shall be completed within federal time frame of no less than ninety (90) days prior to child's third (3) birthday by:
 - 1. Sending notification, no later than the child's 30th month of age, to the primary service coordinator that the transition conference is due and the date by which it shall be held.
 - 2. Receiving from the primary service coordinator the revised IFSP which incorporates the transition plan no later than one (1) week, five (5) working days, after the meeting has been held. This plan should include at least:
 - a. Basic demographic information;
 - b. A listing of family priorities;
 - c. Family resources and concerns; and
 - d. Documentation of the transition meeting and outcomes.

- (15) The POE staff shall function as the primary service coordinator to ensure that the transition conference and plan are completed in the event that the primary service coordinator resigns and no other primary service coordinator can be assigned in time, or referral is received within forty-five (45) days of child's third birthday.
- (a) The POE staff shall be responsible for knowing the following transition procedure that include:
1. Ensuring all potential agencies and programs that could provide services to a particular child after the age of three (3), are included.
 2. Processing the referrals of all children who are less than the age of two (2) years ten and one-half (10 1/2) months for evaluation and First Steps services.
- (b) For all children who are two (2) years and ten and one-half (10 1/2) months old to age three (3), the POE shall facilitate the transition conference which would include representatives of available next referrals.
- (c) The POE staff shall be responsible for conducting the transition conference and development of the plan when assuming the role of primary service coordinator.
- (16) In the event the family refuses service coordination, the POE shall coordinate and facilitate all IFSP meetings.
- (17) The POE staff shall maintain a complete record on all children referred through the POE by:
- (a) Keeping on file all records generated by the POE or sent to the POE from all other service providers;
 - (b) Ensuring that all POE contacts shall be documented in the child's record;
 - (c) Notifying the billing agent of all changes in the status of the child or family within seven (7) working days of notification of changes to the POE or at least every six (6) months in conjunction with IFSP six (6) month reviews; and
 - (d) Providing data to the lead agency as requested.
- (18) The POE shall provide a written data report to the DEIC. The POE shall complete the district data report monthly. The information to be included in the report is:
- (a) Number of referrals per quarter;
 - (b) Sources of referrals;
 - (c) Number of eligible children;
 - (d) Eligibility categories and number of children in each category;
 - (e) Number of children not eligible;
 - (f) Number of children or families refusing services;
 - (g) Number of IFSP's completed; and
 - (h) Number of children who received primary, intensive and tertiary evaluations.
 - (i) Age of child at time of referral.
- (19) The POE shall collect and maintain the District Service Provider Directory.
- (a) The POE shall collect data on all available First Steps service providers, maintain that data, and have the current services in a printable form, upon request from the community.
 - (b) Send a compiled list of changes to their district technical assistance team quarterly.

Section 2. Material Incorporated by Reference.

- (1) Incorporated by reference Hearing Check List may be reviewed during regular working hours (8 a.m. to 4:30 p.m.) in the Office of the Executive Director, Commission for Children with Special Health Care Needs, 982 Eastern Parkway, Louisville, Kentucky 40217. Copies may also be obtained from that office.
- (2) Incorporated by reference District Early Intervention Committee Report may be reviewed during regular working hours (8 a.m. to 4:30 p.m.) in the Office of the Executive Director, Commission for Children with Special Health Care Needs, 982 Eastern Parkway, Louisville, Kentucky 40217. Copies may also be obtained from that office.
- (3) Incorporated by reference Family Rights Handbook may be reviewed during regular working hours (8 a.m. to 4:30 p.m.) in the Office of the Executive Director, Commission for Children with Special Health Care Needs, 982 Eastern Parkway, Louisville, Kentucky 40217. Copies may also be obtained from that office. (23 Ky.R. 3129; Am. 3847; 4168; eff. 6-16-97; recodified from 908 KAR 2:110, 10-25-2001.)

911 KAR 2:120. Kentucky Early Intervention Program evaluation and eligibility.

RELATES TO: 20 USC 1471-1485

STATUTORY AUTHORITY: KRS 194A.050, 200.650-676

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health Services is directed by KRS 200.650 to 200.676 to administer all funds appropriated to implement provisions, to enter into contracts with service providers, and to promulgate administrative regulations. This administrative regulation sets forth the provisions for evaluation and eligibility policies pertaining to First Steps, Kentucky's Early Intervention Program.

Section 1. Evaluation.

- (1) Every child shall have an evaluation to determine eligibility:
 - (a) A primary evaluation shall occur within forty-five (45) days after receipt of the referral; or
 - (b) If primary evaluation does not occur within forty-five (45) days due to illness of the child or a request by the parent, the delay circumstances shall be documented.
 - (c) When a family is referred for evaluation by the initial service coordinator and the family is under court order or a social services directive to enroll their child in First Steps, the court or social service agency shall be informed within three (3) working days by the initial service coordinator, if the family refuses the evaluation.
 - (d) Child records of evaluations transferred from out-of-state tertiary or developmental evaluation centers shall be reviewed by the initial service coordinator and shall be utilized for eligibility determination when:
 1. The records meet First Steps evaluation time lines; and
 2. The records contain all developmental evaluation information required by First Steps to determine eligibility.
- (2) The primary level evaluation is the first level in the First Steps evaluation system that shall be utilized to determine eligibility, developmental status and program planning:
 - (a) The primary level is used when there are no existing evaluations available within the allowed time limits:
 1. For children under twelve (12) months of age, evaluations shall have been performed within three (3) months prior to referral to First Steps;
 2. For children twelve (12) months to three (3) years of age, evaluation must have been performed within six (6) months prior to referral to First Steps;
 - (b) Primary level evaluations shall provide evaluation in all five (5) developmental areas;
 - (c) The primary evaluation shall be provided by a team consisting of a physician or nurse practitioner and a primary evaluator approved by the cabinet;
 - (d) Primary evaluation shall be multidisciplinary and shall minimally include:
 1. A medical component completed by a physician or a nurse practitioner that includes:
 - a. A history and physical examination;
 - b. A hearing and vision screening; and
 - c. A child's medical evaluation that shall be current according to the following:

- (i) For children under twelve (12) months of age, the medical evaluation shall have been performed within three (3) months prior to referral to First Steps; and
 - (ii) For children twelve (12) months to three (3) years of age, the medical evaluation shall be performed within six (6) months prior to referral;
- 2. A developmental component completed by a qualified primary evaluator that utilizes standardized measures and the results interpreted to the family prior to the IFSP team meeting.
- (3) Verification of a child's eligibility for services shall be based upon the review by parents and professionals at the initial IFSP meeting;
- (4) Reevaluations shall be provided when a child's eligibility warrants review or a new condition is suspected or becomes apparent;
 - (a) The need for reevaluation is determined by the IFSP team;
 - (b) Reevaluations shall be obtained at the level of evaluation determined to be needed by the IFSP team.
 - (c) Based on the result of the reevaluation, the IFSP team shall:
 - 1. Continue with the same level of services; or
 - 2. Continue with modified services; or
 - 3. Graduate the child from First Steps services because child is developmentally age appropriate; or
 - 4. Continue eligibility with a tracking and maintenance approach and reevaluate in six (6) months.
- (5) An intensive evaluation is the second level in the First Steps evaluation system that shall be utilized to determine eligibility, medical or mental diagnosis, program planning, or plan evaluation:
 - (a) A child shall be referred for an intensive level evaluation when:
 - 1. A primary evaluator identifies a need for further developmental testing necessary to clarify a diagnosis to further define the child's developmental status in terms of a child's strengths and areas of need; or
 - 2. A child doesn't meet eligibility guidelines at the primary level, but a primary evaluator or the family still have concerns that the child is developing atypically and a determination of professional judgement is needed; or
 - 3. The IFSP team requests an intensive team evaluation for the purposes of a diagnosis or to make specific program planning and evaluation recommendations for the individual child.
 - (b) A record review shall be done by an intensive team at the request of the IFSP team whenever:
 - 1. There is a question of eligibility;
 - 2. Concern for a child's condition; or
 - 3. Effectiveness of a child's program plan.
 - (c) An intensive level evaluation shall be provided by an approved team consisting of:
 - 1. A board certified developmental pediatrician; or
 - 2. A pediatrician who has experience in the area of early childhood development; and
 - 3. One (1) or more qualified developmental professionals.
- (6) Family rights must be respected and procedural safeguards followed in providing evaluation services:

- (a) Written parental consent shall be obtained before conducting an evaluation or assessment by the evaluator or assessor respectively.
- (b) If a parent or guardian refuses to allow a child to undergo a physical or medical examination for eligibility because of religious beliefs:
 - 1. Documentation shall be obtained in the form of a notarized statement. The notarized statement shall be signed by the parent or guardian to the effect that the physical examination or evaluation is in conflict with the practice of a recognized church or religious denomination to which they belong.
 - 2. With the presence of a professional judgement of developmental delay that determines the child to be eligible, First Steps shall provide, at the parent's request, services that do not require by statute proper physical or medical evaluations.
- (7) A written report shall be completed for every level of evaluation including record reviews.
 - (a) The minimum components are:
 - 1. Names of evaluators and discipline;
 - 2. Name and telephone number of contact person;
 - 3. Identifying information that includes:
 - a. Age;
 - b. Date of birth;
 - c. Date of evaluation;
 - d. Evaluator's affiliation, and professional degree;
 - e. Referral source; and
 - f. Reason for referral or presenting problems.
 - 4. Tests administered or evaluation procedures utilized and purpose of instrument. No one (1) method of evaluation shall be used, but a combination of tests and methods shall be used;
 - 5. Test results and interpretation of strength and needs of child;
 - 6. Test results reported in standard deviation or developmental quotient when such instrumentation is required;
 - 7. Eligibility;
 - 8. Developmental status or diagnosis;
 - 9. Program plan recommendations that address the child's holistic needs based on the evaluation;
 - 10. A narrative description of all five (5) areas of a child's developmental status;
 - (b) The full report shall be written in clear, concise language that is easily understood by the family.
 - (c) The reports and notification of need for further evaluation shall be made available to the IFSP team within ten (10) working days from the date the evaluation was completed.
- (8) Child records of timely evaluations transferred from out of state tertiary centers or developmental evaluation centers may be utilized for eligibility determination;
 - (a) These records shall be reviewed for all required evaluation record components by the POE services coordinator;

(b) If information is unattainable, the child shall be evaluated for eligibility.

Section 2. Eligibility.

- (1) Children who are eligible for First Steps services include those who are ages birth through two (2), and:
 - (a) By using appropriate diagnostic instruments and procedures, or professional judgment, are determined to have fallen significantly behind developmental norms in the following skill areas:
 1. Cognitive development;
 2. Communication through speech and language development;
 3. Physical development including vision and hearing;
 4. Social and emotional development;
 5. Adaptive skills development; and
 - (b) Are significantly behind in developmental norms as evidenced by the following criteria:
 1. Two (2) standard deviations below the mean in one (1) skill area (developmental quotient equivalent seventy (70) percent or below); or
 2. At least one and one-half (1 1/2) standard deviations below the mean in two (2) skill areas; or
 3. Children may be determined to be developmentally delayed by professional, clinical judgments, in the event standard deviation scores are inconclusive and evaluation reveals the child has significant atypical development or quality or pattern of development, or further diagnostic evaluation is needed to address concerns related to the five (5) areas of development. Professional judgement to determine a child to be developmentally delayed shall be obtained from an approved evaluator; or
- (2) Those children who are diagnosed with physical or mental conditions which have a high probability of resulting in developmental delay and the diagnosis has been specified by KRS 200.645(10) as an established risk condition. The developmental delay shall be within one (1) of the following categories:
 - (a) Chromosome abnormalities associated with developmental delay;
 - (b) Recognizable syndromes associated with developmental delay;
 - (c) Abnormality in central nervous system;
 - (d) Neurological or neuromuscular disorders associated with developmental delay;
 - (e) Symptomatic intrauterine infection or neonatal central nervous system infection;
 - (f) Sensory impairments that result in significant visual or hearing loss, or a combination of both, interfering with the ability to respond effectively to environmental stimuli;
 - (g) Metabolic disease having a high likelihood of being associated with developmental delay, even with treatment;
 - (h) Maternal teratogen exposure at a level known to have a high risk for developmental delay;
 - (i) Behavioral or emotional disorders associated with extreme excesses or deficits which inhibit function;
 - (j) Central nervous system malignancy or trauma resulting in developmental delay.
- (3) Eligibility for a premature child shall consider:
 - (a) The chronological age of infants and toddlers who are less than twenty-four (24) months old shall be corrected to account for premature birth;

- (b) Correction for prematurity is not appropriate for children born prematurely whose chronological age is twenty-four (24) months or greater.
- (c) Documentation of prematurity shall include a physician, or nurse practitioner, report of gestational age and a brief medical history.
- (d) Evaluation reports on premature infants and toddlers shall include test scores calculated with the use of both corrected and chronological ages. (23 Ky.R. 3133; Am. 3851; 4171; eff. 6-16-97; 25 Ky.R. 661; 1407; eff. 1-19-99; recodified from 908 KAR 2:120, 10-25-2001.)

911 KAR 2:130. Kentucky Early Intervention Program assessment and service planning.

RELATES TO: 20 USC 1471-1485

STATUTORY AUTHORITY: KRS 194A.030, 194A.050, 200.650-676

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health Services is directed by KRS 200.650 to 200.676 to administer all funds appropriated to implement provisions, to enter into contracts with service providers, and to promulgate administrative regulations. This administrative regulation sets forth the provisions of assessment and the Individualized Family Service Plans used in First Steps, Kentucky's Early Intervention Program.

Section 1. Assessment.

- (1) Assessment activities shall occur after the establishment of a child's eligibility for First Steps.
- (2) Assessment shall be the on-going procedure used by qualified personnel throughout the period of a child's eligibility to identify:
 - (a) The child's unique strengths and needs;
 - (b) The services appropriate to meet those needs;
 - (c) The family's resources, priorities and concerns which shall be:
 1. Voluntary on the part of the family;
 2. Family-directed; and
 3. Based on information provided by the family through personal interview; and
 - (d) The supports and services necessary to enhance the family's capacity to meet the developmental needs of their child.
- (3) Assessments shall be ecologically valid and reflect appropriate multisource and multimeasures. One (1) source or one (1) measure shall not be used as the sole criterion for determining an intervention program. Assessment methods shall include any combination of the following:
 - (a) Direct assessment shall include:
 1. Instruments that are appropriate for infants and toddlers and that allow for adaptations for disability as needed; and
 2. Criterion referenced instruments, which compare the child's level of development with skills listed in a chronological sequence of typical development.
 - (b) Observations shall:
 1. Take place over several days if possible; and
 2. Occur in appropriate natural settings; and
 3. Include play and functional activities of the child's day; and
 4. Be recorded in a factual manner.
 - (c) Interview and parent reports shall:
 1. Involve the use of open-ended questioning after the assessor establishes rapport; and
 2. Be provided by parents and other primary caregivers.
 - (d) Behavioral checklist and inventories:

1. Can be completed by caregivers by mail or phone or through interview; and
 2. Allow for comparison across settings.
- (4) Every child determined eligible by established risk shall have an assessment in all five (5) areas of development:
- (a) Within forty-five (45) days after receipt of the referral; or
 - (b) If assessment does not occur within forty-five (45) days due to illness of the child or a request by the parent, the delay circumstances shall be documented.
- (5) Every child who is eligible for First Steps by having a developmental delay shall receive an initial assessment in the areas of development found to be delayed for the purpose of gathering additional information for service planning.
- (6) The assessment report shall include:
- (a) A description of the assessment activities and the information obtained;
 - (b) Identifying information:
 1. The central billing and information identification number; and
 2. The child's Social Security number; and
 3. The name of the child; and
 4. The child's age at the date of the assessment; and
 5. The name of the service provider and discipline; and
 6. The date of the assessment; and
 7. The setting of the assessment; and
 8. The state of health of the child during the assessment; and
 9. Whether the child's response level was typical; and
 10. The instruments and assessment methods used; and
 11. Who was present for the assessment; and
 12. The signature of the assessor;
 - (c) A profile of the child's level of performance, in a narrative form and shall indicate:
 1. Concerns and priorities; and
 2. Child's unique strengths and needs; and
 3. Skills achieved since last report, if applicable; and
 4. Emerging skills; and
 5. Direction of future service delivery;
 - (d) Suggestions for any strategies, materials, or equipment or adaptations that shall support the child's development; and
 - (e) Information that shall be helpful to the family and other providers in building on the team's focus for the child and family.
- (7) The initial assessment(s) report(s) shall be shared verbally with the family and the written report sent to the family and the service coordinator within ten (10) working days of the completion of the assessment.
- (8) Information gathered in the assessment shall be used to develop the individualized family service plan (IFSP).

- (9) Every child enrolled in First Steps shall receive assessment as an integral part of service delivery throughout the period of the child's enrollment in the program within the limitations identified in 911 KAR 2:200, Section 4.
- (10) Prior to the annual and six (6) month review of the IFSP a written summary shall be provided to the primary service coordinator and family.

Section 2. Individualized Family Service Plan (IFSP).

- (1) The IFSP is a contract with the family and providers to insure the services are provided.
- (2) The completed initial IFSP shall have:
 - (a) All appropriate evaluation and assessments;
 - (b) All covered services identified; and
 - (c) Signed approval of the initial service coordinator.
- (3) The First Steps IFSP form shall be used to record the IFSP. All items on the IFSP form shall be completed as instructed on the form.
- (4) Each authorized IFSP is valid for a period not to exceed six (6) months in length. Revisions that occur to the IFSP shall be valid for the remaining period of the plan.
- (5) The following principles shall be adhered to in the development and implementation of the IFSP:
 - (a) Infants and toddlers are uniquely dependent on their families for their survival and nurturance. This dependence necessitates a family-centered approach to early intervention;
 - (b) Early intervention systems and strategies shall honor the racial, ethnic, cultural, and socioeconomic diversity of families;
 - (c) The diversity of family patterns and structures. Each family has its own structure, roles, values, beliefs, and coping styles. Respect for and acceptance of this diversity is a cornerstone of family-centered early intervention;
 - (d) In the context of the IFSP process, in respect to the autonomy, independence, and decision making, families must be able to choose the level and nature of early intervention's involvement in their lives;
 - (e) Family and professional collaboration and partnerships are the keys to family-centered early intervention and to successful implementation of the IFSP process;
 - (f) No one (1) agency or discipline can meet the diverse and complex needs of infants and toddlers with special needs and their families. Therefore, a team approach to planning and implementing the IFSP is necessary;
 - (g) An enabling approach to working with families requires that professionals reexamine their traditional roles and practices and develop new practices when necessary that promote mutual respect and partnerships;
 - (h) First Steps services shall be flexible, accessible and responsive to family-identified needs;
 - (i) First Steps services shall be provided according to the normalization principle that families should have access to services provided in as normal a fashion and environment as possible and that promote the integration of the child and family within the community;
- (6) For a child that has been evaluated for the first time and determined eligible, a meeting to develop the initial IFSP shall:
 - (a) Be conducted within forty-five (45) days after the receipt of the referral; or

- (b) If the IFSP does not occur within forty-five (45) days due to illness of the child or approval to delay by the parent, the delay circumstances shall be documented;
- (7) A review of the IFSP for a child and the child's family shall be conducted at least every six (6) months. A review shall be conducted more frequently if:
 - (a) The family requests such a review; or
 - (b) The child's conditions change; or
 - (c) The service providers change;
- (8) A meeting shall be conducted on at least an annual basis to evaluate the IFSP for a child and the child's family, and to revise if changes have occurred;
- (9) With the approval of the family, the primary service coordinator shall arrange a conference to discuss the possible transition of the child. The conference shall be conducted at least ninety (90) days before the child's third birthday and shall include:
 - (a) The family;
 - (b) A representative of the local education agency and representatives of other potential settings;
 - (c) The primary service coordinator as a representative of the First Steps Program;
 - (d) Others identified by the family;
- (10) The IFSP shall include:
 - (a) Summary of family rights handbook and signed assurances by the family.
 - (b) Information about the child's present level of developmental functioning. Information shall cover the following domains:
 - 1. Physical development that includes:
 - a. Vision;
 - b. Hearing;
 - c. Fine and gross motor skills; and
 - d. Health status and immunization of the child;
 - 2. Cognitive development that include skills related to a child's mental development and includes basic sensori-motor skills, as well as pre-academic skills;
 - 3. Communication development that includes skills related to exchanging information or feelings', including receptive and expressive communication and communication with peers and adults;
 - 4. Social or emotional development that include skills related to the ability of infants and toddlers to successfully and appropriately select and carry out their interpersonal goals. This includes:
 - a. Interactions with peers and adults;
 - b. Play skills;
 - c. Self-concept development; and
 - d. Bonding with family members;
 - 5. Adaptive development that includes self-help skills necessary for independent functions, that include:
 - a. Self-feeding;

- b. Toileting; and
- c. Dressing and grooming;
- (c) Performance levels to determine strengths which can be used when planning instructional strategies to teach skills;
- (d) A description of:
 - 1. Underlying factors that may affect the child's development;
 - 2. What motivates the child, as determined on the basis of observation, child interaction and parent report;
- (e) With concurrence of the family, a statement of the family's resources, priorities and concerns related to enhancing the development of the child;
- (f) A statement of the major outcomes expected to be achieved for the child and family, and the criteria, procedures, and time lines used to determine the degree to which progress toward achieving the outcomes is being made and whether modifications or revisions of the outcomes or services are necessary. Outcome and strategy statements shall:
 - 1. Be functionally stated;
 - 2. Be representative of the family's own priorities;
 - 3. Fit naturally into the family's routines or schedules;
 - 4. Reflect the use of the family's own resources and social support network;
- (g) The specific First Step services necessary to meet the unique needs of the child and family to achieve the outcomes. Services shall:
 - 1. Be stated in frequency, intensity, duration, location and method of delivering services; and in the payment arrangements, if any;
 - 2. Unless prior authorization is granted, based on individual needs of the child, the frequency and intensity for therapeutic intervention for each child shall:
 - a. **Not exceed one (1) hour per discipline per week** for the following disciplines:
 - (i) Audiologist;
 - (ii) Family therapist, nurse or LPN, or health aide;
 - (iii) Nutritionist or dietician;
 - (iv) Occupational therapist or occupational therapist assistant;
 - (v) Orientation and mobility specialist;
 - (vi) Physician;
 - (vii) Physical therapist or physical therapist assistant;
 - (viii) Psychologist;
 - (ix) Speech language pathologist or speech language pathologist assistant;
 - (x) Licensed social worker;
 - (xi) Teacher of the visually impaired;
 - (xii) Teacher of the deaf and hard of hearing;
 - (xiii) Developmental interventionist or developmental associate.

b. To request prior authorization for exceeding limits the following process shall be utilized:

- (i) Send written request, with copy of IFSP and documentation of need, to the First Steps state office.
- (ii) The state coordinator will forward to the state best practice review panel.
- (iii) Complete process within ten (10) working days of receiving request.
- (iv) The decision of the state panel may be appealed to the state First Steps coordinator or directly pursuant to 911 KAR 2:170.
- (v) The decision of the First Steps coordinator may be appealed pursuant to 911 KAR 2:170.

3. To the maximum extent appropriate early intervention services shall be provided in natural environments, including the home and community settings, in which children without disabilities participate;

(h) The projected dates for initiation of the services, and the anticipated duration of those services;

(i) Other services that the child needs, such as medical services or housing for the family, but that are not required under early intervention. The funding sources to be used for those services or the steps that will be taken to secure those services through public or private resources shall be identified;

(j) The name of the primary service coordinator chosen to represent the child's or family's needs. The Primary Service Coordinator will be responsible for the implementation of the IFSP and coordination with other agencies and persons;

(k) The steps to be taken to support the transition of the child to preschool services provided by the public educational agency, to the extent that those services are considered appropriate, or to other services that may be available, if appropriate;

1. With approval of the family, a transition conference shall occur at least ninety (90) days prior to the child's third birthday;

2. The transition conference shall involve staff from the First Steps Program, the primary service coordinator, the family, staff from the local public educational agency, and other agencies per family request that could be potential service agencies after the age of three (3);

3. The conference shall be held to review program options for the child at age three (3) and to write a plan, through the IFSP, for transition. This meeting shall be chaired by the primary service coordinator;

(11) Families shall be encouraged to discuss their child's activities, strengths, likes and dislikes, exhibited at home;

(12) The IFSP shall highlight the child's abilities and strengths, rather than focusing just on the child's deficits;

(13) Every attempt shall be made to explain the child assessment process by using language the family uses and understands;

(14) The families may agree, disagree, or refute the assessment information;

(15) The family's interpretation and perception of the assessment results shall be ascertained and the families wishes and desires shall be documented as appropriate.

Section 3. Incorporated by Reference.

(1) First Steps Individualized Family Service Plan (IFSP), October 28, 1998 is incorporated by reference.

(2) This material may be inspected, copied, or obtained, subject to applicable copyright law, at the Commission for Children with Special Health Care Needs, 982 Eastern Parkway, Louisville, Kentucky 40217, Monday through Friday, 8 a.m. to 4:30 p.m. (23 Ky.R. 3136; Am. 3854; 4172; eff. 6-16-97; 25 Ky.R. 664; 1410; eff. 1-19-99; recodified from 908 KAR 2:130, 10-25-2001.)

911 KAR 2:140. Kentucky Early Intervention Program primary service coordination and assistive technology.

RELATES TO: 20 USC 1471-1485

STATUTORY AUTHORITY: KRS 194A.050, 200.650-676

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health Services is directed by KRS 200.650 to 200.676 to administer all funds appropriated to implement provisions, to enter into contracts with service providers, and to promulgate administrative regulations. This administrative regulation sets forth the provisions of Primary Service coordination as it relates to First Steps, Kentucky's Early Intervention Program.

Section 1. Primary Service Coordination.

- (1) The primary service coordinator shall coordinate and assist in child find efforts with the local POE through dissemination of materials.
- (2) The primary service coordinator shall make referrals to the POE within forty-eight (48) hours upon identification of a child that may be eligible for First Steps services. Referral shall be made after discussing the benefits of early intervention with the family and acquiring verbal permission to make the referral.
- (3) If any materials are developed the primary service coordinator shall utilize the Image Consistency Kit developed by the Interagency Coordinating Council Public Awareness Committee for public awareness activities and materials.
- (4) The primary service coordinator shall serve as the single point of contact in helping families obtain the services and assistance they need.
- (5) The primary service coordinator shall have a caseload of:
 - (a) Up to forty (40); with a maximum of fifty (50) if ten (10) children are ninety (90) days away from their third birthday; if he is not providing any other First Steps services, or is not carrying a caseload in another program; or
 - (b) If he is providing a caseload in another program, up to the prorated equivalency of no more than a combined total of 100 percent of a position's time, with a forty (40) caseload being 100 percent in First Steps services, and the equivalent to forty (40) in another program. A caseload of ten (10) in First Steps would represent twenty-five (25) percent of a position's time, leaving the equivalency of seventy-five (75) percent available in another program.
- (6) The primary service coordinator shall:
 - (a) Attend the First Steps Primary Service Coordination and IFSP training prior to facilitating, coordinating, or implementing any IFSP's, and attend communicating with families training within six (6) months of completing primary service coordination and IFSP training;
 - (b) Attend the initial IFSP meeting, if identified as primary service coordinator choice or if invited as a potential option for primary service coordinator, and help the POE facilitate that plan;
 - (c) Notify all the IFSP team members, in writing, of the upcoming annual IFSP or the six (6) month review date and location no less than thirty (30) calendar days prior to IFSP or review date;

- (d) Provide notice to all the IFSP team members of any IFSP meeting requested to address revisions.
- (e) In the event of cancellation, notification of the rescheduling of the IFSP meeting shall be sent to the IFSP members within five (5) working days of the cancelled meeting;
- (f) Facilitate the annual IFSP, six (6) months reviews, and IFSP meetings requested to address revisions and document. This includes:
 - 1. Convene or consult team members for involvement in determination of need and rationale.
 - 2. Documenting outcomes that have been achieved, as well as, documenting those that have not been achieved;
 - 3. Assisting families in identifying new outcomes, the service providers, frequency and location of all services;
 - 4. Insure that outcomes are developed to relate to any changes and that appropriate documentation of the need for the changes occur.
 - 5. Record rationale for amendment and child and family outcomes for amendments on the state IFSP form and secure signatures or verified approval from required members in order to verify authorization of the amendment. Amendments to the IFSP are not authorized unless the appropriate signatures or verified approval from the required members are documented on the IFSP form.
 - 6. Resolving any conflicts during the IFSP or review by having the team come to consensus on any issue where differences occur.
 - 7. If consensus cannot be reached, the PSC is responsible for informing the IFSP team of the options and bringing resolution.
 - 8. Submit Summary Sheet to Central Billing and Information System (CBIS) within five (5) days of the approval of the revision.
- (g) Refer the family to appropriate agencies for services identified on the IFSP and coordinating those services;
- (h) Send copies of the initial and subsequent IFSP reviews to the other team members within ten (10) working days of the IFSP meeting;
- (i) Send copies of the IFSP to those persons identified by the family as needing copies;
- (j) Notify the CBIS of any changes in the child's or family status and new IFSP services with a summary sheet and update record in the POE within five (5) working days of changes on the IFSP;
- (k) Facilitate the development of a transition plan.
- (7) The primary service coordinator shall inform and assist the family of their rights and procedural safeguards by:
 - (a) Summarizing the family rights handbook at every IFSP and at any time the family requests;
 - (b) Familiarizing the family with the procedural safeguards and due process rules, and ensuring that the family reviews and signs the statement of assurances found with the Family Rights Handbook at every IFSP review;
 - (c) Ensuring that all materials are given to the family in a format they can understand in their native language; and
 - (d) Assisting the family, at their request, with resolving conflicts among service providers.

- (8) The primary service coordinator shall assist the family in identifying available service providers by:
 - (a) Keeping current on all available services in the district, including recent rules regarding funding sources;
 - (b) Having available to the families a list of all eligible First Steps service providers in each district. The family may choose a service outside the First Steps approved provider list, however, the primary service coordinator's responsibility to the family is to let them know that the provider is not approved through First Steps and may result in a cost to the family;
 - (c) Making the family aware of community activities that would benefit from their participation such as becoming a member of the District Early Intervention Committee;
 - (d) Assisting the POE in establishing new service providers by consistently educating the public on the benefits of early identification and intervention.
- (9) The primary service coordinator shall ensure that service coordination is available to his families at all times and at the family's request.
- (10) The primary service coordinator shall contact the child's family at a minimum of one (1) time a month to discuss service coordination needs, unless otherwise stipulated in the IFSP.
- (11) The primary service coordinator shall give the family his address and phone number and any other information that may be helpful, in the event they would need to contact the primary service coordinator.
- (12) The primary service coordinator shall identify to the family and to the POE a back-up service coordinator for the family to call in the event the primary service coordinator will be gone over ten (10) consecutive working days by:
 - (a) Choosing the back-up service coordinator from the pool of approved primary service coordinators in the district;
 - (b) Sending to the family, in writing, within one (1) month of the initial IFSP meeting, the name of the back-up coordinator, their phone number, address and circumstances under which the family should call the back-up coordinator;
 - (c) Sending a copy of that correspondence to the POE for the records;
 - (d) Identifying the back-up coordinator in the IFSP;
 - (e) Calling the family to institute the back-up when the primary service coordinator will be away more than ten (10) consecutive days, and securing their permission to share information;
 - (f) Notifying the back-up of the scheduled absence;
 - (g) Sharing only pertinent information for current issues with the back-up; and
 - (h) Notifying the family, POE, and CBIS, in writing, of any changes in the back-up with-in five (5) working days of the change.
- (13) If the primary service coordinator can no longer serve in the role of primary service coordinator due to a resignation or unexpected reason the primary service coordinator shall:
 - (a) If there is at least one (1) week's time notify, in writing, the POE in each district, the family, and service providers and facilitate the identification of a new primary service coordinator; or

- (b) If there is less than one (1) week's time, the primary service coordinator shall contact the POE in his district immediately. The POE shall contact the family to assist them in identifying a new primary service coordinator and facilitate the transfer of records. The new primary service coordinator shall notify the other service providers that he is the new primary service coordinator; or
 - (c) If the family desires a change in their primary service coordinator, they shall contact the POE and the POE shall seek to resolve the situation.
- (14) The primary service coordinator shall facilitate the development of a transition plan by:
- (a) Knowing the transition procedures as outlined in 911 KAR 2:130, Section 2(7)(j) and the Kentucky Transition Project publication "Step by Step: A Guide to Transition" and ensuring that all potential agencies and programs that could provide services to a particular child after the age of three (3) are included when introducing the parents to future program possibilities;
 - (b) Hold a transition conference at least ninety (90) days prior to the child's third birthday:
 - 1. Involve the family, IFSP team, the Part B local school district representative; and staff from potential next placement options; and
 - 2. Write a transition plan as a part of the IFSP that includes:
 - a. Description of types of information the family might need in relation to future placements;
 - b. Strategies and activities to be used to help prepare the child for changes in the service delivery;
 - c. Specific steps that will help the child adjust to and function in, the new setting;
 - d. How and when assistive technology equipment will be returned and how it will be replaced in the next setting if appropriate;
 - e. Description of what information will be shared with the new setting, timelines to share the information, and ways to secure the necessary releases to refer and transmit records to the next placement.
- (15) The primary service coordinator shall send to the POE all completed IFSPs, changes, and updates, which include the transition plan, no later than five (5) working days after the meeting has been held.
- (16) In the event there is no primary service coordinator, or the family refuses service coordination, the POE shall coordinate and facilitate the IFSPs.
- (17) The primary service coordinator shall maintain the child's PSC record to ensure that changes are accurately documented. The minimum record to be maintained by the primary service coordinator shall include:
- (a) Initial referral information;
 - (b) Developmental and social history;
 - (c) All available evaluation reports;
 - (d) All assessment reports;
 - (e) All IFSP's;
 - (f) All primary service coordinator notes;
 - (g) All correspondence to the family and other service providers;
 - (h) The transition plan; and
 - (i) All billing information.

- (18) The primary service coordinator shall ensure that all contacts with the family or other service providers are documented in the child's record. This documentation shall include a note which consists of:
 - (a) Child's name, CBIS ID number, and Social Security number;
 - (b) The date of contact;
 - (c) Amount of time spent;
 - (d) Reason for the contact;
 - (e) Type of contact whether by telephone or face to face;
 - (f) Result of contact;
 - (g) Plan for further action; and
 - (h) Signature of person making contact.
- (19) Primary service coordinator notes shall also include all contacts attempted but not made, and reasons why services were not delivered in a timely manner.
- (20) The primary service coordinator shall encourage the family to access all services identified on the individualized family service plan.
- (21) If the family wants to voluntarily terminate a service or all services, the primary service coordinator shall:
 - (a) Document in the record which services are ending and the date of termination;
 - (b) Send a follow-up letter to the family which includes when and what services are ending, within seven (7) working days after notice from the family of their choice to end services.
- (22) If the family is absent from a service with no prior notice for at least three (3) consecutive visits, the service provider shall notify the primary service coordinator within seven (7) working days after last absence. Then the primary service coordinator shall:
 - (a) Document the service provider's contact and try to make contact to discuss the circumstances:
 - 1. If contact is made send a letter within seven (7) working days to the providers the result of the discussion; or
 - 2. If no contact is made, send the family a letter within seven (7) working days requesting direction as to the choice of the family in continuation of services and stating that the services will be discontinued until a choice is made by the family by contacting the PSC and stating that if no contact is made by the family, services will be terminated fifteen (15) working days from the date of the letter.
 - (b) Notify the service providers whose services are changing, in writing, when services are terminated and the date of termination.
- (23) The primary service coordinator shall be responsible for securing any release of information necessary to send or secure information from other service providers.
- (24) The primary service coordinator shall close the child's record and send a copy of the primary service coordinator record to the referring POE within:
 - (a) Three (3) months after the child's third birthday, unless they state in writing that the record remain with the primary service coordinator due to continued service coordination services by the primary service

coordinator after the child reaches age three (3). A copy of the written request from the family shall be sent to the POE;

- (b) One (1) month after the child's family terminates all services and the child is no longer receiving any First Steps services.
- (25) The primary service coordinator shall provide data to the cabinet upon request.
- (26) The primary service coordinator shall agree to have any or all records maintained by said primary service coordinator monitored by the cabinet, or their designee.
- (27) The primary service coordinator shall attend all required training prior to providing services.
- (28) Participate in required quarterly meetings, except when sick or other excused absence as approved by technical assistance team program consultant.
- (29) With the exception of a family receiving service coordination as of January 1, 1999, by a discipline who is also providing another service and there is one (1) year or less of eligibility for First Steps services remaining, the primary service coordinator shall limit practice in First Steps to service coordination only.

Section 2. Assistive Technology.

- (1) To be eligible to access assistive technology services and devices the child shall:
 - (a) Be eligible for First Steps;
 - (b) Have need for assistive technology devices and services documented by appropriate assessment procedures; and
 - (c) Have need for and use of assistive technology devices and services documented in the IFSP.
- (2) The First Steps assistive technology review process shall be utilized for the following:
 - (a) All equipment requests which exceed \$500; and
 - (b) All equipment that is questionable by the initial service coordinator, the primary service coordinator, or cannot be determined by the IFSP team as appropriate.
- (3) All equipment request requiring review shall:
 - (a) Be sent to the monitoring coordinator with the following information:
 - 1. A current IFSP;
 - 2. Assessments with recommendations;
 - 3. Justification statement of specific devices based on needs;
 - 4. Information regarding equipment or device request;
 - (b) Be reviewed by the coordinator for completeness and forwarded to a regional monitoring committee; and
 - (c) Complete process within ten (10) working days of receiving all information;
- (4) The decision of the monitoring committee may be appealed to the state First Steps coordinator who shall:
 - (a) Consult with the appeal committee; and
 - (b) Issue final decision.
- (5) The decision of the First Steps coordinator may be appealed pursuant to 911 KAR 2:170. (23 Ky.R. 3139; Am. 3857; eff. 6-16-97; 25 Ky.R. 667; 1414; eff. 1-19-99; recodified from 908 KAR 2:140, 10-25-2001.)

911 KAR 2:150. Kentucky Early Intervention Program personnel qualifications.

RELATES TO: 20 USC 1471-1485

STATUTORY AUTHORITY: KRS 194A.050, 200.650-676

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health Services is directed by KRS 200.650 to 200.676 to administer all funds appropriated to implement provisions, to enter into contracts with service providers, and to promulgate administrative regulations. This administrative regulation sets forth the provisions of personnel qualifications as they relate to First Steps, Kentucky's Early Intervention Program.

Section 1. Personnel.

- (1) Minimal qualifications for **professionals or disciplines** providing services in First Steps shall be:
 - (a) An **audiologist** shall have in accordance with KRS 334A.030:
 1. A master's degree; and
 2. A certificate and license from the Kentucky Board of Speech-Language Pathology and Audiology.
 - (b) A **family therapist** shall have in accordance with KRS 335.300:
 1. A master's degree; and
 2. A certificate from the Kentucky Board of Certification of Marriage and Family Therapist.
 - (c) A **developmental interventionist** shall have in accordance with KRS 161.028:
 1. A bachelor's degree; and
 2. An interdisciplinary early childhood education certificate (IECE) by Kentucky Education Professional Standards Board, Division of Certification; or
 3. Be working toward the IECE certificate by:
 - a. Being enrolled in an approved preparation program in IECE at a university or college; or
 - b. Having an individual professional development plan approved by the Commission for Children with Special Health Care Needs (CCSHCN) for developing the skills in the teacher performance standards for IECE as stated in 704 KAR 20:084, Section 9; or
 4. Hold a valid out-of-state certificate for the teacher of infants with disabilities.
 - (d) A **nurse** shall have in accordance with KRS 314.041:
 1. An associate degree or diploma from a registered program; and
 2. A license from the Kentucky Board of Nursing.
 - (e) A **nutritionist** shall have in accordance with KRS 310.031:
 1. A master's degree; and
 2. A certificate from the Kentucky Board of Licensure and Certification for Dietitians and Nutritionist.
 - (f) A **dietitian** shall have in accordance with KRS 310.021:
 1. A bachelor's degree; and
 2. A license from the Kentucky Board of Licensure and Certification for Dietitians and Nutritionist.
 - (g) An **occupational therapist** shall have in accordance with KRS 319A.130:
 1. A bachelor's degree; and

2. A certificate and license from the Kentucky Occupational Therapy Board.
- (h) An **orientation and mobility (O and M) specialist** shall have in accordance KRS 161.020 and with the Division of Exceptional Children Services, Kentucky Department of Education a bachelor's degree in Special Education with emphasis on visual impairment and O and M, KRS 161.020.
- (i) A **physician** shall have in accordance with KRS 311.571:
 1. A doctor of medicine degree or doctor of osteopathy degree; and
 2. A license from the Kentucky Board of Medical Licensure.
- (j) A **physical therapist** shall have in accordance with KRS 327.020:
 1. Bachelor's degree; and
 2. A license from the Kentucky Board of Physical Therapy.
- (k) A **psychologist** shall have in accordance with KRS 319.032:
 1. A doctoral degree; and
 2. A license from Kentucky Board of Examiners of Psychology.
- (l) A **certified psychologist with autonomous functioning or psychological associate** shall have in accordance with KRS 319.056-064:
 1. A master's degree; and
 2. A certificate from the Kentucky Board of Examiners of Psychology.
- (m) A **social worker** shall have in accordance with KRS 335.090:
 1. A bachelor's degree; and
 2. A license from the State Board of Examiners of Social Work of Kentucky.
- (n) A **speech-language pathologist** shall have in accordance with KRS 334A.050:
 1. A master's degree; and
 2. A certificate and license from the Kentucky Board of Speech-Language Pathology and Audiology.
- (o) A **teacher of children who are deaf and hard of hearing** shall have in accordance with KRS 161.030:
 1. A bachelor's degree; and
 2. A provisional certificate for teaching the deaf and hard of hearing, K-12 issued by the Kentucky Education Professional Standards Board, Division of Certification.
- (p) A **teacher of the visually impaired** shall have in accordance with KRS 161.020-030:
 1. A bachelor's degree; and
 2. A certificate for teaching of the visually impaired, K-12 issued by the Kentucky Education Professional Standards Board, Division of Certification.
- (2) The qualification for **paraprofessionals** providing early interventions services shall be:
 - (a) A **developmental associate** shall have:
 1. An associate degree in the area of early childhood; or
 2. A child development associate certificate for infant and toddlers caregiver or home visitor; or
 3. A postsecondary vocational education diploma in child development or child care; or

4. Be employed in the developmental associate role in an approved program by October 1, 1997, and have a high school diploma or GED and be working toward one (1) of the qualifications stated in subparagraphs 1, 2, and 3 of this paragraph by:
 - a. Be enrolled in an approved program granting one (1) of the above stated qualifications; or
 - b. Have an individual professional development plan approved by the CCSHCN for developing the skills necessary to acquire one (1) of the above stated qualifications; and
 5. Be indirectly supervised by a developmental interventionist.
- (b) A **developmental assistant** shall have:
1. A high school diploma; or
 2. A GED; and
 3. Be directly supervised by a developmental interventionist or developmental associate.
- (c) A **certified occupational therapy assistant** shall have in accordance with KRS 319A.110:
1. An OTA degree; and
 2. A certificate and license from the Kentucky Occupational Therapy Board.
- (d) A **physical therapy assistant** shall have in accordance with KRS 327.040(12):
1. An associate degree in physical therapy assistance; and
 2. A license from the Kentucky Board of Physical Therapy.
- (e) A **speech-language pathology assistant** shall have in accordance with KRS 334A.030:
1. A bachelor's degree; and
 2. A license from the Kentucky Board of Speech-Language Pathology and Audiology.
- (f) A **licensed practical nurse** shall have in accordance with KRS 314.051:
1. A high school diploma or a GED;
 2. Have completed a state approved LPN education program; and
 3. A license from the Kentucky Board of Nursing.
- (3) The qualifications for **recognized service positions** providing services in First Steps shall be:
- (a) An **initial service coordinator** shall be approved by the cabinet based on the following qualifications:
1. Meeting minimum highest entry-level requirement for one (1) of the professions delineated in this administrative regulation; or
 2. Have a bachelor's degree and the equivalency of two (2) years' experience in working with young children ages birth through five (5) years in a position in which the following skills and competencies have been demonstrated:
 - a. Communication skills in interviewing, negotiating and mediating, and providing informal support;
 - b. Problem-solving by finding and utilizing services and resources, resolving conflicts, integrating services using formal and informal channels, and enabling families to use problem-solving;
 - c. Organization by maintaining accurate data collection and resource information, exhibiting flexibility in scheduling, and developing plans; and

- d. Collaboration and leadership through developing relationships with families, enabling families to develop their decision-making skills, and establishing collaborative relationships with service providers.

(b) A **primary service coordinator** shall be approved by the cabinet based on the following qualifications:

1. Meeting minimum highest entry-level requirements for one (1) of the professions delineated in this administrative regulation; or
2. Meeting requirements for one (1) of the paraprofessionals delineated in this administrative regulation; or
3. Have a bachelor's degree and the equivalency of two (2) years' experience in working with young children ages birth through five (5) years in a position in which the following skills and competencies have been demonstrated:
 - a. Communication skills in interviewing, negotiating and mediating, and providing informal support;
 - b. Problem-solving: finding and utilizing services and resources, resolving conflicts, integrating services using formal and informal channels, and enabling families to use problem-solving;
 - c. Organization by maintaining accurate data collection and resource information, exhibiting flexibility in scheduling, and developing plans; and
 - d. Collaboration and leadership through developing relationships with families, enabling families to develop their decision-making skills, and establishing collaborative relationships with service providers.

(c) A **developmental evaluator** shall be approved by the cabinet by:

1. Meeting minimum highest entry-level requirements for one (1) of the professionals delineated in this administrative regulation; and
 - a. Having a bachelor's degree in a related field; and
 - b. Having two (2) years experience working directly with young children birth through two (2) years of age, including children with disabilities or atypical development; and
2. Having had one (1) year of experience in using standardized instruments and procedures to evaluate infants and toddlers birth through two (2) years of age, completed as part of formal training or in supervised practice, or completes a mentorship during the first year of providing services in First Steps as approved by the cabinet.

(d) An **assistive technology specialist** shall be approved by the cabinet based on the following qualifications:

1. Meeting minimum highest entry-level requirements for one (1) of the professions delineated in this administrative regulation;
2. Having extensive knowledge, training, and experience in the field of assistive technologies for infants and toddlers with disabilities; or
3. Meeting the qualifications in subparagraph 2 of this paragraph and be employed by an agency that currently provides assistive technology services in First Steps, and be approved by the cabinet.

(e) A **respite provider** shall:

1. Meet all license, regulations, and other requirements applicable to the setting in which respite is provided;
2. Be approved by the individualized family service planning team. (23 Ky.R. 3142; Am. 3860; eff. 6-16-97; recodified from 908 KAR 2:150, 10-25-200

911 KAR 2:160. Kentucky Early Intervention Program covered services.

RELATES TO: 20 USC 1471-1485

STATUTORY AUTHORITY: KRS 194A.030, 194A.050, 200.650-676

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health Services is directed by KRS 200.650 to 200.676 to administer all funds appropriated to implement provisions, to enter into contracts with service providers, and to promulgate administrative regulations. This administrative regulation sets forth the provisions of covered services under First Steps, Kentucky's Early Intervention Program.

Section 1. Covered Services.

- (1) Services shall be covered when included and authorized through signature or verified approval on the individual's IFSP developed by an IFSP team which shall include, at least, the family and two (2) professionals as identified in 911 KAR 2:150, Section 1(1)(a)-(p), paraprofessionals as identified in 911 KAR 2:150, Section 1(2)(a)-(f) or service positions as identified in 911 KAR 2:160, Section 1(3)(a)-(d):
 - (a) At least two (2) professionals, paraprofessionals, or service positions shall be from separate agencies or represent different approved providers; and
 - (b) One (1) discipline shall be a licensed medical professional as identified in 911 KAR 2:200, Section 3(2)(e), with the exception of Section 3(2)(e)13 and 14 of 911 KAR 2:200.
- (2) **Services covered** shall be:
 - (a) **Service coordination** as provided in accordance with 911 KAR 2:110 and 911 KAR 2:140:
 1. A child shall have only one (1) designated service coordinator at a given time;
 2. Service coordination shall be provided by those identified in 911 KAR 2:150; and
 3. Service coordination shall be provided under the limitations of 911 KAR 2:200, Section 4.
 - (b) **Primary evaluation** as provided in accordance with 911 KAR 2:120:
 1. Primary evaluation shall be considered the first level of a two (2) tier system of evaluation; and
 2. Primary evaluation shall be provided by those identified in 911 KAR 2:120 and 911 KAR 2:150;
 - (c) **Intensive team evaluation** as provided in accordance with 911 KAR 2:120:
 1. Intensive team evaluation shall be considered the second level of a two (2) tier system of evaluation;
 2. Intensive team evaluation shall be provided by those identified in 911 KAR 2:120 and 911 KAR 2:150;
 - (d) **Service assessment** as provided in accordance with 911 KAR 2:130;
 - (e) **Therapeutic intervention.**
 1. Therapeutic intervention, defined as face-to-face intervention with the child and caregivers within the context of the environment, includes three (3) types of service:
 - a. **Individual home or community services** which includes intervention provided to the child by a First Steps qualified professional to an eligible child at the child's home or other natural setting in which children under three (3) years of age are typically found (including non-First Steps provider day care centers and family day care homes) under the limitations of 911 KAR 2:200, Section 4; or

- b. **Individual office or center-based service** which includes intervention provided by First Steps qualified professionals to an eligible child at the professionals office or center site under the limitations of 911 KAR 2:200, Section 4; or
 - c. **Group intervention** which includes the provision of early intervention services by First Steps qualified personnel in a group, defined as the presence of two (2) or more eligible children, at an early intervention professional's site, office, center, home or other community-based setting where children under three (3) years of age are typically found. The group may also include children without disabilities as long as a three (3) to one (1) ratio of children to staff is maintained. Group intervention shall be provided under the limitations of 911 KAR 2:200, Section 4.
2. Disciplines providing therapeutic intervention shall be qualified in accordance with 911 KAR 2:150, and shall include the following:
- a. An audiologist; or
 - b. A family therapist; or
 - c. A developmental interventionist; or
 - d. A developmental associate; or
 - e. A developmental assistant; or
 - f. A nurse; or
 - g. A LPN; or
 - h. A health aide; or
 - i. A nutritionist; or
 - j. A dietician; or
 - k. An occupational therapist; or
 - l. An occupational therapy assistant; or
 - m. An orientation and mobility specialist; or
 - n. A physical therapist; or
 - o. A physical therapist assistant; or
 - p. A psychologist; or
 - q. A speech language pathologist; or
 - r. A speech language pathologist assistant; or
 - s. A licensed social worker; or
 - t. A teacher of the visually impaired; or
 - u. A teacher of the deaf and hard of hearing;
- (f) **Integrated disciplines center-based service** shall be an intervention provided by an agency that is approved by the Commission for Children with Special Health Care Needs to be qualified to offer services:
- 1. By at least three (3) of the following disciplines working together in a group setting who qualify in accordance with 911 KAR 2:150:
 - a. Developmental interventionist or developmental interventionist associate; or

- b. Occupational therapist; or
 - c. Physical therapist; or
 - d. Speech therapist;
- 2. Where all three (3) disciplines shall be scheduled and present, except in routine absences due to sickness or other conflicts;
 - 3. The disciplines shall give evidence of transdisciplinary planning and practice;
 - 4. Where children have identified in the IFSP multiple disciplines, with the majority of the group make-up being children who need three (3) or more disciplines, except when approved by the Commission for Children with Special Health Care Needs;
 - 5. Where each child's record shall have a staff note from each discipline, except a staff note shall not be required from a discipline for those children where the discipline is not identified in the IFSP as needed;
- (g) **Collateral service** shall be the provision of consultation and planning directed toward the needs of the child with professionals while attending the IFSP meeting, and consultation by and with the child's physician;
 - (h) **Assistive technology** in accordance with 911 KAR 2:100 and 911 KAR 2:140;
 - (i) **Respite** shall be a service provided to the family of an eligible child for the purpose of providing relief from the care of the child in order to strengthen the family's ability to attend to the child's developmental needs under the limitations of 911 KAR 2:200, Section 4;
 - (j) **Transportation** and related cost shall be the costs of travel that are necessary to enable an eligible child to receive early intervention services;
 - (k) **Interpreters** shall be used when necessary to assist the family in understanding the services and procedures and shall be reimbursed when:
 - 1. The service is identified on the IFSP;
 - 2. The PSC has identified the vendor and established a link with the billing agent;
 - 3. The vendor meets the qualifications generally accepted for that role in the community and meets all requirements of the agency who hires the interpreter for that role if an agency is involved.
- (3) Rates for covered services shall be negotiated rates based on reasonable and customary rates for same services or comparable services provided in the community. (23 Ky.R. 3145; Am. 3863; eff. 6-16-97; 25 Ky.R. 670; 1417; eff. 1-19-99; recodified from 908 KAR 2:160, 10-25-2001.)

911 KAR 2:170. Notice of action and administrative appeal.

RELATES TO: KRS 200.650-676, 20 USC 1471-1485

STATUTORY AUTHORITY: KRS Chapter 13B, 194A.050, 200.650-676

NECESSITY, FUNCTION, AND CONFORMITY: The Kentucky Cabinet for Health Services, Commission for Children with Special Health Care Needs administers the early childhood intervention program for infants and toddlers. Through this program services are made available to infants and toddlers with special health care needs. The function of this administrative regulation is to establish an administrative appeal process for parents who wish to appeal a decision of the agency relating to the identification, evaluation or provision of service to a child through the program.

Section 1. Notice of provider's action shall be provided to the parent or guardian which shall include at least the following:

- (1) A description of action by the provider with explanation, including a description of any options the provider considered and the reasons why those options were rejected;
- (2) A description of each evaluation procedure, test, record report or other relevant factor the provider used as the basis for the action;
- (3) A description of the parent or guardian's right to appeal and of the parent or guardian right to inspect provider records pertaining to the decision which is the subject of the notice of action.

Section 2.

At any time following receipt of a written notification by the provider relating to the identification, evaluation or provision of service to a child or anytime following a refusal by the provider to initiate a change in the identification, evaluation or service provided to a child, a parent or guardian may file an appeal with the Cabinet for Health Services.

Section 3.

Upon receipt of an appeal, the cabinet shall issue within five (5) days a notice of hearing conforming in content to the requirements of KRS 13B.050.

Section 4.

- (1) An administrative hearing shall be conducted within fifteen (15) days of receipt of an appeal by an impartial hearing officer appointed by the secretary of the cabinet.
- (2) The hearing shall be conducted in accordance with the requirements of KRS 13B.080 and 13B.090. A recommended decision conforming in content to the requirements of KRS 13B.110 shall be forwarded to the appellant and the cabinet within ten (10) days of the administrative hearing.
- (3) The recommendation of the hearing officer shall be forwarded to the secretary of the cabinet. All parties to the appeal shall have five (5) days to file written exceptions to the recommended decision. A final decision on the recommendation shall be made no later than forty-five (45) days following receipt of the appeal. (23 Ky.R. 3147; eff. 6-16-97; recodified from 908 KAR 2:170, 10-25-2001.)

911 KAR 2:180. Kentucky Early Intervention Program mediation.

RELATES TO: 20 USC 1471-1485

STATUTORY AUTHORITY: KRS 194A.050, 200.650-676

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health Services is directed by KRS 200.650 to 200.676 to administer all funds appropriated to implement administrative regulations. This administrative regulation sets forth the provisions of mediation used in First Steps, Kentucky's Early Intervention System.

Section 1. Mediation.

- (1) Mediation shall be adopted as an option to resolve complaints;
- (2) Mediation shall be voluntary and freely agreed to by both parties, and shall not preclude the opportunity for a due process hearing to be conducted at any time;
- (3) Unless the parent of a child and the cabinet otherwise agree, the child shall continue to receive the early intervention services currently being provided during the interim of any proceeding involving a complaint. If the complaint involves the application for initial services, the child shall receive those services that are not in dispute;
- (4) The time table for the mediation process shall be:
 - (a) Within five (5) working days after a request for mediation is made to the cabinet, the appointment of a mediator shall be made;
 - (b) Either party may waive the mediation and if waived the parents shall be informed by the cabinet within two (2) working days of this decision;
 - (c) Mediation shall be completed within thirty (30) working days of the receipt by the cabinet of the request for mediation.
 - (d) At any time during the mediation process, a request for a due process hearing may be initiated;
- (5) Mediation resolutions may not conflict with state or federal laws and shall be to the satisfaction of both parties; satisfaction shall be indicated by the signature of both parties on the written resolution;
- (6) A copy of the written resolution shall be mailed by the mediator to each party within five (5) working days following the mediation conference. A copy shall also be filed by the mediator with the cabinet;
- (7) Mediators shall be trained in First Steps policies and procedures. (23 Ky.R. 3149; eff. 6-16-97; recodified from 908 KAR 2:180, 10-25-2001.)

911 KAR 2:200. Coverage and payment for Kentucky Early Intervention Program Services.

RELATES TO: 20 USC 1471-1485

STATUTORY AUTHORITY: KRS 194A.030, 194A.050, 200.650-676

NECESSITY, FUNCTION, AND CONFORMITY: The Cabinet for Health Services is directed by KRS 200.650 to 200.676 to administer all funds appropriated to implement provisions, to enter into contracts with service providers, and to promulgate administrative regulations. This administrative regulation establishes the provisions relating to early intervention services for which payment shall be made by the First Steps Program on behalf of eligible recipients.

Section 1. Definitions.

- (1) "**Cabinet**" means the Cabinet for Health Services.
- (2) "**Commercial transportation carrier**" means a commercial carrier, including a taxi cab, that is licensed to transport a member of the general public.
- (3) "**Direct contact**" means an activity or contact that is:
 - (a) Face to face or by telephone, with the child, or on behalf of the child, with the parent, family or person in custodial control, a professional or other service provider, or other significant person; and
 - (b) Not the direct supervision of a paraprofessional by a professional.
- (4) "**First Steps**" means Kentucky's early intervention system as established by KRS 200.650 through 200.676.
- (5) "**Noncommercial group carrier**" means a vendor who provides bus or bus-type transportation to an identifiable segment of the population eligible for service from the carrier.
- (6) "**Period of eligibility**" means from the date the child was determined eligible to the date of the child's third birthday or prior to the child's third birthday, to the date the child is determined ineligible.
- (7) "**Private automobile carrier**" means a person owning or having access to a private vehicle not used for commercial transportation purposes and who uses that vehicle for the occasional transportation of eligible children.
- (8) "**Provider**" means an agency, person, or other entity that meets the requirements for approval as established in 911 KAR 2:100 through 911 KAR 2:180 and who signs an agreement with the Commission for Children with Special Health Care Needs (CCSHCN).
- (9) "**Therapeutic intervention**" means:
 - (a) Treatment of the child or intervention with the child in the context of caregivers and environment; and
 - (b) Not consultation and planning.
- (10) "**Usual and customary charge**" means the uniform amount which the individual provider charges in the majority of the cases for a specific service.

Section 2. Participation Requirements.

- (1) An **early intervention provider** that requests to participate as an approved First Steps provider shall comply with the following:
 - (a) Submit to an annual review by the CCSHCN, or its agent, for compliance with 911 KAR 2:100 through 911 KAR 2:180;

- (b) Meet, or employ or contract with a professional or staff who meets the qualifications established in 911 KAR 2:150;
 - (c) Ensure:
 - 1. That each professional or staff who is employed by the provider and provides a service in the First Steps Program shall attend a minimum of a one (1) day, not to exceed an eight (8) hour period, training on First Steps' philosophy, practices, and procedures provided by First Steps representatives prior to providing First Steps services; and
 - 2. That each professional or staff who is employed by the provider and presently providing a First Steps service shall have evidence of equivalent training;
 - (d) Agree to provide First Steps services according to an individualized family service plan as required in 911 KAR 2:130;
 - (e) Agree to submit as requested by the CCSHCN and to maintain all required information, records, and reports to insure compliance with this administrative regulation;
 - (f) Establish a contractual arrangement with the Cabinet for Health Services for the provision of First Steps services; and
 - (g) Agree to provide upon request information necessary for reimbursement for services by the Cabinet for Health Services in accordance with this administrative regulation, which shall include the tax identification number and usual and customary charges.
- (2) The CCSHCN shall grant provider approval for participation to a provider who meets the criteria established in subsection (1) of this section.

Section 3. Reimbursement.

The CCSHCN shall reimburse a participating First Steps provider the lower of the actual billed charge for the service or the preestablished fixed upper limit taking into consideration information available to the CCSHCN with regard to cost and the CCSHCN's estimate as to the amount necessary to secure the service.

- (1) A charge submitted to the CCSHCN shall be the provider's usual and customary charge for the same service.
- (2) The preestablished upper limit fee for services shall be as follows:
 - (a) **Primary service coordination:**
 - 1. In the **office**, the fee shall be sixty-five (65) dollars per hour of direct contact service.
 - 2. In the **home or community site**, the fee shall be eighty-eight (88) dollars per hour of direct contact service.
 - (b) **Initial service coordination:**
 - 1. In the **office**, the fee shall be **sixty-eight (68) dollars per hour** of direct contact service.
 - 2. In the **home or community site**, the fee shall be **ninety-one (91) dollars per hour** of direct contact service.
 - (c) **Primary evaluation:**
 - 1. In the **office or center based site**, the fee shall be **\$250 per service event**.

2. In the **home or community site**, the fee shall be **\$250 per service event**.

(d) **Intensive clinic evaluation:**

1. In the **office or center-based site** the fee shall be **\$1,100 per service event**.

2. In the **community site** the fee shall be **\$1,000 per service event**.

(e) **Service assessment:**

1. For an **audiologist**:

a. In the **office or center based site**, the fee shall be **eighty-six (86) dollars per hour** of direct contact service.

b. In the **home or community site**, the fee shall be **\$112 per hour** of direct contact service.

2. For a **family therapist**:

a. In the **office or center based site**, the fee shall be **eighty-six (86) dollars per hour** of direct contact service.

b. In the **home or community site**, the fee shall be **\$112 per hour** of direct contact service.

3. For a **licensed psychologist** or **certified psychologist with autonomous functioning**:

a. In the **office or center based site**, the fee shall be **\$207 per hour** of direct contact service.

b. In the **home or community site**, the fee shall be **\$268 per hour** of direct contact service.

4. For a **developmental interventionist**:

a. In the **office or center based site**, the fee shall be **eighty-three (83) dollars per hour** of direct contact service.

b. In the **home or community site**, the fee shall be **\$108 per hour** of direct contact service.

5. For a **registered nurse**:

a. In the **office or center based site**, the fee shall be **eighty-six (86) dollars per hour** of direct contact service.

b. In the **home or community site**, the fee shall be **\$112 per hour** of direct contact service.

6. For a **nutritionist**:

a. In the **office or center based site**, the fee shall be **eighty-six (86) dollars per hour** of direct contact service.

b. In the **home or community site**, the fee shall be **\$112 per hour** of direct contact service.

7. For a **dietitian**:

a. In the **office or center based site**, the fee shall be **eighty-six (86) dollars per hour** of direct contact service.

b. In the **home or community site**, the fee shall be **\$112 per hour** of direct contact service.

8. For an **occupational therapist**:

a. In the **office or center based site**, the fee shall be **eighty-six (86) dollars per hour** of direct contact service.

b. In the **home or community site**, the fee shall be **\$112 per hour** of direct contact service.

9. For an **orientation and mobility specialist**:

- a. In the **office or center based site**, the fee shall be **eighty-three (83) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **\$108 per hour** of direct contact service.
10. For a **physical therapist**:
- a. In the **office or center based site**, the fee shall be **eighty-six (86) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **\$112 per hour** of direct contact service.
11. For a **speech therapist**:
- a. In the **office or center based site**, the fee shall be **eighty-six (86) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **\$112 per hour** of direct contact service.
12. For a **social worker**:
- a. In the **office or center based site**, the fee shall be **eighty-three (83) per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **\$108 per hour** of direct contact service.
13. For a **teacher of the deaf and hard of hearing**:
- a. In the **office or center based site**, the fee shall be **eighty-three (83) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **\$108 per hour** of direct contact service.
14. For a **teacher of the visually impaired**:
- a. In the **office or center based site**, the fee shall be **eighty-three (83) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **\$108 per hour** of direct contact service.
15. For an assistive technology specialist:
- a. In the **office or center based site**, the fee shall be **eighty-six (86) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **\$112 per hour** of direct contact service.
- (f) **Therapeutic intervention and collateral services**:
- 1. For an **audiologist**:
 - a. In the **office or center based site**, the fee shall be **seventy (70) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **ninety-four (94) dollars per hour** of direct contact service.
 - 2. For a **family therapist**:
 - a. In the **office or center based site**, the fee shall be **seventy (70) per hour** of direct contact service.

- b. In the **home or community site**, the fee shall be **ninety-four (94) per hour** of direct contact service.
- 3. For a **licensed psychologist or certified psychologist with autonomous functioning**:
 - a. In the **office or center based site**, the fee shall be **\$155 per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **\$226 per hour** of direct contact service.
- 4. For a **certified psychological associate**:
 - a. In the **office or center based site**, the fee shall be **\$116 per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **\$170 per hour** of direct contact service.
- 5. For a **developmental interventionist**:
 - a. In the **office or center based site**, the fee shall be **sixty-eight (68) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **ninety-one (91) dollars per hour** of direct contact service.
- 6. For a **developmental associate**:
 - a. In the **office or center based site**, the fee shall be **fifty-one (51) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **sixty-eight (68) dollars per hour** of direct contact service.
- 7. For a **developmental assistant**, in the **office or center based site**, the fee shall be **ten (10) dollars per hour** of direct contact service.
- 8. For a **registered nurse**:
 - a. In the **office or center based site**, the fee shall be **seventy (70) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **ninety-four (94) dollars per hour** of direct contact service.
- 9. For a **licensed practical nurse**:
 - a. In the **office or center based site**, the fee shall be **twenty-four (24) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **thirty-two (32) dollars per hour** of direct contact service.
- 10. For a **nutritionist**:
 - a. In the **office or center based site**, the fee shall be **seventy (70) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **ninety-four (94) dollars per hour** of direct contact service.
- 11. For a **dietitian**:

- a. In the **office or center based site**, the fee shall be **seventy (70) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **ninety-four (94) dollars per hour** of direct contact service.
12. For an **occupational therapist**:
- a. In the **office or center based site**, the fee shall be **seventy (70) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **ninety-four (94) dollars per hour** of direct contact service.
13. For an **occupational therapist assistant**:
- a. In the **office or center based site**, the fee shall be **fifty-two (52) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **seventy (70) dollars per hour** of direct contact service.
14. For an **orientation and mobility specialist**:
- a. In the **office or center based site**, the fee shall be **sixty-eight (68) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **ninety-one (91) dollars per hour** of direct contact service.
15. For a **physical therapist**:
- a. In the **office or center based site**, the fee shall be **seventy (70) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **ninety-four (94) dollars per hour** of direct contact service.
16. For a **physical therapist assistant**:
- a. In the **office or center based site**, the fee shall be **fifty-two (52) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **seventy (70) dollars per hour** of direct contact service.
17. For a **speech therapist**:
- a. In the **office or center based site**, the fee shall be **seventy (70) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **ninety-four (94) dollars per hour** of direct contact service.
18. For a **speech therapist assistant**:
- a. In the **office or center based site**, the fee shall be **fifty-two (52) dollars per hour** of direct contact service.

- b. In the **home or community site**, the fee shall be **seventy (70) dollars per hour** of direct contact service.
- 19. For a **social worker**:
 - a. In the **office or center based site**, the fee shall be **sixty-eight (68) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **ninety-one (91) dollars per hour** of service.
- 20. For a **teacher of the deaf and hard of hearing**:
 - a. In the **office or center based site**, the fee shall be **sixty-eight (68) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **ninety-one (91) dollars per hour** of direct contact service.
- 21. For a **teacher of the visually impaired**:
 - a. In the **office or center based site**, the fee shall be **sixty-eight (68) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **ninety-one (91) dollars per hour** of direct contact service.
- 22. For a **physician providing a collateral service in the office or center based site**, the fee shall be **seventy-six (76) dollars per hour** of direct contact service. ***A physician shall not receive reimbursement for therapeutic intervention.***
- 23. For an **assistive technology specialist**:
 - a. In the **office or center based site**, the fee shall be **sixty-eight (68) dollars per hour** of direct contact service.
 - b. In the **home or community site**, the fee shall be **ninety-one (91) dollars per hour** of direct contact service.
- (g) **Respite** shall be seven **(7) dollars and sixty (60) cents per hour**.
- (h) **Integrated disciplines center-based services** shall be **fifty-six (56) dollars per hour** of direct contact service.
- (3) Except as specified in subsection (4) of this section, a payment for professional or staff services listed in subsection (2) of this section shall be based on a unit of service in fifteen (15) minutes increments.
- (4) A **payment for a primary or intensive evaluation** listed in subsection (2) of this section shall be **based on a complete evaluation as a single unit of service**.
- (5) A **payment for an assistive technology device** shall be based on the **actual invoiced cost, including the cost of shipping and handling**, for the authorized equipment included in the individualized family service plan.
- (6) Payment for **transportation** shall be the **lesser of the billed charge or**:
 - (a) For a **commercial transportation carrier**:
 - 1. An amount derived by multiplying one (1) dollar by the actual number of loaded miles; or

- 2. The metered amount plus an administration charge not to exceed twelve (12) percent of metered amount.
- (b) For a **private automobile carrier**, an amount equal to twenty-five (25) cents per loaded mile transported;
- (c) For a **noncommercial group carrier**, an amount equal to fifty (50) cents per eligible child per mile transported.
- (7) A payment for a **single professional or paraprofessional group intervention service**, with a minimum of one (1) professional or paraprofessional who can practice without direct supervision shall be **thirty-six (36) dollars per child hour of direct contact service for each child in the group with a limit of three (3) eligible children per professional or paraprofessional**.
- (8) A payment for a **multiprofessional or paraprofessional group intervention service**, with a **minimum of two (2) professionals or paraprofessionals** who can practice without direct supervision, shall be **forty-six (46) dollars per child hour of direct contact service for each eligible child in the group with a limit of three (3) eligible children per professional or paraprofessional**.

Section 4. Limitations.

- (1) For **primary service coordination**, payment shall be limited to **no more than fifteen (15) hours per child per six (6) month period** unless preauthorized by the CCSHCN.
- (2) For **initial service coordination**, payment shall be limited to **no more than twenty-five (25) hours per child per period of eligibility** unless preauthorized by the CCSHCN.
- (3) For **service assessment**:
 - (a) Payment shall be limited to no more than **two and one-half (2 1/2) hours per child per discipline per assessment** unless preauthorized by the CCSHCN.
 - (b) Payment shall be **limited to four (4) assessments per discipline per child** from birth to the age of three (3) unless preauthorized by the CCSHCN.
 - (c) **A service assessment payment shall not be made for the provision of routine therapeutic intervention services by a discipline in the general practice of that discipline.** Payment for a unit of service assessment shall be restricted to the needs for additional testing or other activity by the discipline that go beyond routine practice. Routine activity of assessing outcomes shall be billed as therapeutic intervention.
- (4) For **therapeutic intervention**:
 - (a) For **office and center**:
 - 1. Payment shall be **limited to no more than one (1) hour of service per day per child for each professional or discipline and paraprofessional** meeting the qualifications in 911 KAR 2:150 unless preauthorized by the CCSHCN.
 - 2. Payment shall be **limited to no more than one (1) office visit per child, per day, per discipline** unless preauthorized by the CCSHCN except that billing for collateral while participating in an IFSP meeting in the same day shall be allowed.
 - (b) For **home and community sites**:

1. Payment shall be **limited to no more than one (1) hour of service per day per child for each professional or discipline and paraprofessional** unless preauthorized by the CCSHCN.
2. Payment shall be **limited to no more than three (3) disciplines per child per day** unless preauthorized by the CCSHCN except that billing for collateral while participating in an IFSP meeting in the same day shall be allowed.

(c) For **group**:

1. In a **group setting the service time for each professional or discipline and paraprofessional may extend to the time period of the group, not to exceed two and one-half (2 1/2) hours per day, five (5) hours per week**, unless preauthorized by the CCSHCN.
2. The **ratio of staff to children in group therapeutic intervention shall be limited to a maximum of three (3) children per professional or discipline and paraprofessional per group**, unless preauthorized by the CCSHCN.

(5) For **respite**, payment shall:

- (a) Be **limited to no more than eight (8) hours of respite per month, per eligible child**;
- (b) Not be allowed to accumulate beyond each month; and
- (c) Be **limited to families in crisis, or strong potential for crisis without the provision of respite**.

Section 5. Sliding Fee.

- (1) Families are required to participate in the payment of services based on a sliding fee scale, except that no charge be made for the following functions:
 - (a) Child find;
 - (b) Evaluation and assessment;
 - (c) Service coordination; and
 - (d) Administrative and coordinative activities including development, review, and evaluation of individualized family service plans, and the implementation of procedural safeguards.
- (2) Payment of fees shall be for the purpose of:
 - (a) Maximizing all available sources of funding for early intervention services; and
 - (b) To give families an opportunity to assist with the cost of services where there is a means to do so, in a family share approach.
- (3) The family share payment shall:
 - (a) Be an income-based flat monthly fee for the duration of participation in early intervention services, as determined by:
 1. Level of family gross income identified on last Federal Internal Revenue Service statement, as reported by family;
 2. Level of income matched with level of poverty, utilizing the federal poverty measure, poverty guidelines as published annually by the Federal Department of Health and Human Services, based on the following scale:
 - a. Below 200 percent of poverty there shall be no payment;

- b. From 200 percent of poverty to 300 percent the payment shall be twenty (20) dollars per month of participation;
- c. From 300 percent of poverty to 400 percent the payment shall be thirty (30) dollars per month of participation;
- d. From 400 percent of poverty to 500 percent the payment shall be forty (40) dollars per month of participation; or
- e. From 500 percent of poverty and over the payment shall be fifty (50) dollars per month of participation.

(b) Not apply to children eligible for Medicaid;

(c) Not prevent a child from receiving services if family shows to the satisfaction of the CSHCN an inability to pay:

- 1. By submitting to the state coordinator a request to have the amount of the family share payment reduced or be exempted from paying the family share payment; and
- 2. By undergoing a financial review by the CSHCN which may:
 - a. Adjust the gross family income by subtracting extraordinary medical costs, equipment costs, exceptional child care costs, and other costs of care associated with the child's disability; and
 - b. Result in a calculation of a new family share payment amount based on the family's adjusted income compared to the appropriate percentage of the poverty level. If a recalculation is completed, the CSHCN shall conduct a review at least annually.

(d) Not apply to a family who chooses to use their private insurance.

- (4) A family who chooses to use its private insurance for payment of a First Steps service shall not be responsible for payment of insurance deductibles or copayments related to this service. Payment of First Steps related coinsurance and deductibles shall be assumed by First Steps. (24 Ky.R. 811; Am. 1109; eff. 11-14-97; 25 Ky.R. 672; 1420; 1663; eff. 1-19-99; recodified from 908 KAR 2:200, 10-25-2001.)